



2007 Iowa Mobile/Manufactured/Modular Home Owner Application For Reduced Tax Rate

Claimant's Last Name	Claimant's First Name	Claimant's Social Security Number / /	Claimant's Birth Date / / Month Day Year	County Number _ _
Spouse's Last Name	Spouse's First Name	Spouse's Social Security Number / /		
Street Address			Do Not Write In This Space ▲	
City, State, Zip Code				

YES NO

Were you 23 years of age or older on 12/31/06?..... ☐ ☐

2006 Household Income

Use Whole DOLLARS Only

1. Wages, salaries, tips, etc. _____	□ □	,	□ □	□ □	.	0 0
2. In-kind assistance for housing expenses _____	□ □	,	□ □	□ □	.	0 0
3. Title 19 Benefits (excluding medical benefits) _____	□ □	,	□ □	□ □	.	0 0
4. Social Security income _____	□ □	,	□ □	□ □	.	0 0
5. Disability income _____	□ □	,	□ □	□ □	.	0 0
6. All pensions and annuities _____	□ □	,	□ □	□ □	.	0 0
7. Interest and dividend income _____	□ □	,	□ □	□ □	.	0 0
8. Profits from businesses and/or farming and capital gains. If less than zero, enter 0 (see instructions) _____	□ □	,	□ □	□ □	.	0 0
9. Actual money received from others living with you (see instructions) _____	□ □	,	□ □	□ □	.	0 0
10. Other income (Read instructions before making this entry) _____	□ □	,	□ □	□ □	.	0 0
11. ADD amounts on Lines 1-10, enter here. (If \$18,876 or greater, no credit is allowed) _____	□ □	,	□ □	□ □	.	0 0

This is your total household income.

I declare under **penalty of perjury** that I have reviewed this claim and to the best of my knowledge and belief, it is true, correct and complete.

_____ Claimant's Signature	_____ Date	(____) _____ Claimant's Telephone Number
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For Use by County Treasurer Only

Income	Reduced Tax Rate		Sq. Footage _____
\$ 0.00 - 9,723.99	0	Because of limited funding and the increased number of claims filed, the reimbursement rate is lower for 2007 than it was in previous years. Therefore, the total amount of your claim may be less than you have received in the past.	Year of manufacture _____
9,724 - 10,867.99	.03		If year of manufacture is 1998 -2001, apply 90% factor.
10,868 - 12,011.99	.06		If year of manufacture is 1997 or before, apply 80% factor.
12,012 - 14,299.99	.10		Regular Tax _____
14,300 - 16,587.99	.13		Reduced Tax _____
16,588 - 18,875.99	.15		Reimbursement _____

This claim must be filed with your County Treasurer by June 1, 2007, unless the treasurer extends the filing deadline to September 30, 2007. The Director of Revenue may extend the time for filing through December 31, 2007.



2007 Iowa Mobile/Manufactured/Modular Home Owner Application For Reduced Tax Rate Instructions

WHO IS ELIGIBLE:

You are eligible to claim a reduced tax rate if your 2006 household income was less than \$18,876 and you were 23 years of age or older as of December 31, 2006. Household income includes income of the claimant, the claimant's spouse, and monetary contributions received from other persons living with the claimant.

Line 1: Wages, salaries, tips, etc. - Enter the total wages, salaries, tips, bonuses, and commissions received.

Line 2: In-kind Assistance - Enter any portion of your housing expenses including utilities that were paid for you. Do not enter Federal Energy Assistance.

Line 3: Title 19 Benefits - Enter your Title 19 benefits received for housing expenses. Do not include medical benefits.

Line 4: Social Security Income - Enter the total Social Security benefits received even if not reportable for income tax purposes. Include any Medicare premiums withheld.

Line 5: Disability - Enter the total received for disability or injury compensation, even if not reportable for income tax purposes.

Line 6: All pensions and annuities - Enter the total received from pensions and annuities, even if not reportable for income tax purposes.

Line 7: Interest and Dividend income - Enter taxable interest income, plus **all** interest income from federal, state and municipal securities.

Enter taxable dividends and distributions received. Include cash dividends and dividends paid in the form of merchandise or other property and report at fair market value.

Line 8: Profit from business and/or farming and capital gains - Enter profit from business and/or farming, and any gains received from the sale or exchange of capital assets. Capital losses are limited to the same amount that you are allowed to report for income tax purposes. **Any loss must be offset against gains, and a net loss must be reported as zero.**

Line 9: Monetary contributions - Enter **money** received from others living with you. Do not include goods and services received.

Line 10: Other income - Enter total income received from the following sources:

- (a) Child support and alimony payments.
- (b) Welfare payments. Do not include non-cash government assistance (food, clothing, food stamps, medical supplies, etc.)
- (c) Insurance income not reported elsewhere.
- (d) Other income not reported on Lines 1 through 9.

Line 11: Total household income - Add Lines 1 through 10. Enter total here.

**For Assistance:
contact your
county treasurer**

**This claim must be filed with your County
Treasurer by June 1, 2007.
The treasurer may extend the filing deadline to
September 30, 2007,
or the Director of Revenue may extend the filing
deadline to December 31, 2007.**